

OMB Approval	No. 3245-0324
Expiration Date:	04/302003

Case Number:	

## U.S. Small Business Administration

## **Request for Counseling**

1. Your Name (First, Middle, Last)	2. Telephone Nu Home						
	Business						
3. Email address	Fax					-	
4. Street Address 5. City			7. State	:	8. Zip	_	
9. Race (mark one or more)  a. Native American or Alaskan Native b. Asian c. Black or African American d. Native Hawaiian or other Pacific Islander e. White  10. Ethnicity a. Hispanic Origin b. Not of Hispanic Origin 11. Business Owner Gender a. Male b. Female c. Male/Female	12. Do you cons person with			<ul> <li>13. Veteran Stat</li> <li>a. Veteran</li> <li>b. Service Connect Veteran</li> <li>c. Disabled Veteran</li> <li>d. Non-veteran</li> </ul>	eted Disabled		
14. How did you hear of us?  a. Word of Mouth	g. Television h. Magazine i. Other		j. S	ВА 🗌			
16. Currently in Business? Yes \( \subseteq \text{No} \subseteq \text{No} \subseteq \text{(If no, skip to line 20)} \)		Is this	a Home-b	pased Business?	les No		
17. Type of Business							
18. Name of Company:		19. How l	ong in bu	siness?			
20. Indicate preferred date & time for appointment:  Date:	Time:						
I request business management counseling service from a Small Business Administration Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistance services. I authorize SBA to furnish relevant information to the assigned management counselor(s). I understand that any information disclosed to be held in strict confidence by him/her.  I further understand that any counselor has agreed not to: (1) recommend goods or services from sources in which he/she has an interest and (2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, SCORE and its host organizations, and other SBA Resource Counselors arising from this assistance.  Please note: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB 409 3rd St., S.W., Washington, D.C 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C 20503, OMB Approval (3245, 0001) PLEASE DO NOT SEND FORMS TO OMB.  Signature:							

Chapter Number Branch Name						OMB Approval Expiration Date:	
Felephone Counseling E-mail Counseling		J.S. Small Bus	iness Admin	istration	]	Case Number	
	Cor	unseling Ir	nformatio	on Sheet			
. Client Information:  Name:	e Proprietorship	Last  c) Close ou Partnership	nt				
6. Primary area(s) of counsel 1. Start-ups 2. Capital Sources 2. Marketing/Sales 3. Counselor's Notes:	d. Financ	Resources	g. Intl. 7 h. Busin i. Buy/S	ess Plan	k. Other	chises	
3. Counselor Name(s)				<ul><li>11. SBA Client:</li><li>a) Borrower</li><li>b) Applicant</li></ul>		d) COC e) Surety Bo	nd
Counseling Date     Masseling Date     Masseling Date     Masseling Date		. Counseling Hours urces? ye	s no	c) 8(a) Client			